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PTO/SB/21 (6-98)

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/518,813	
	Filing Date	March 3, 2000	
	First Named Inventor	Carr et al.	
	Group Art Unit	1627	
	Examiner Name	T. Wessendorf	
Total Number of Pages in This Submission	5	Attorney Docket Number	112408-122

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below) <input checked="" type="checkbox"/> Postcard
Remarks Response to Restriction Requirement		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Hollie L. Baker
Signature	<i>Hollie L. Baker</i>
Date	September 4, 2001

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date 9/4/01

Typed or printed name Nancy E. Gilmore

Signature

Nancy E. Gilmore

Date

Sept. 4, 2001

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**FEE TRANSMITTAL
for FY 2001**

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 55.00)

Complete if Known

Application Number 09/518,813
 Filing Date March 3, 2000
 First Named Inventor Carr et al.
 Examiner Name T. Wessendorf
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METHOD OF PAYMENT

- 1.
- ☒
- The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number 08-0219
 Deposit Account Name Hale and Dorr LLP

- ☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17
☒ Applicant claims small entity status. See 37 CFR 1.27

- 2.
- ☐
- Payment Enclosed:

☐ Check ☐ Credit card ☐ Money Order ☐ Other

FEE CALCULATION**1. BASIC FILING FEE**

	Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101	710	201 355	Utility filing fee	
106	320	206 160	Design filing fee	
107	490	207 245	Plant filing fee	
108	710	208 355	Reissue filing fee	
114	150	214 75	Provisional filing fee	

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES

Total Claims -20** = X =
 Independent Claims -3** = X =
 Multiple Dependent =

	Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
103	18	203 9	Claims in excess of 20	
102	80	202 40	Independent claims in excess of 3	
104	270	204 135	Multiple dependent claim, if not paid	
109	80	209 40	** Reissue independent claims over original patent	
110	18	210 9	** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

	Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105	130	205 65	Surcharge - late filing fee or oath	
127	50	227 25	Surcharge - late provisional filing fee or cover sheet	
139	130	139 130	Non-English specification	
147	2,520	147 2,520	For filing a request for <i>ex parte</i> reexamination	
112	920*	112 920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113 1,840*	Requesting publication of SIR after Examiner action	
115	110	215 55	Extension for reply within first month	55.00
116	390	216 195	Extension for reply within second month	
117	890	217 445	Extension for reply within third month	
118	1,390	218 695	Extension for reply within fourth month	
128	1,890	228 945	Extension for reply within fifth month	
119	310	219 155	Notice of Appeal	
120	310	220 155	Filing a brief in support of an appeal	
121	270	221 135	Request for oral hearing	
138	1,510	138 1,510	Petition to institute a public use proceeding	
140	110	240 55	Petition to revive - unavoidable	
141	1,240	241 620	Petition to revive - unintentional	
142	1,240	242 620	Utility issue fee (or reissue)	
143	440	243 220	Design issue fee	
144	600	244 300	Plant issue fee	
122	130	122 130	Petitions to the Commissioner	
123	50	123 50	Processing fee under 37 CFR 1.17(q)	
126	180	126 180	Submission of Information Disclosure Stmt	
581	40	581 40	Recording each patent assignment per property (times number of properties)	
146	710	246 355	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	710	249 355	For each additional invention to be examined (37 CFR § 1.129(b))	
179	710	279 355	Request for Continued Examination (RCE)	
169	900	169 900	Request for expedited examination of a design application	

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 55.00)

SUBMITTED BY

Name (Print/Type) Hollie L. Baker

Registration No. 31,321
(Attorney/Agent)**Complete (if applicable)**

Telephone (617) 526-6110

Signature

Hollie L. Baker

Date

September 4, 2001

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